



Martin J. Walsh, Mayor
 Monica Valdes Lupi, Executive Director



James Hooley, Chief of Department
 Sophia Dyer, MD, Medical Director

Boston Emergency Medical Services Permit Application

Boston Emergency Medical Services, 785 Albany Street, Boston, MA 02118
Telephone (617) 343-2367 Fax (617) 343-1199 24-hour (617) 343-1400

Event Name: _____

Date(s): _____ Time: from _____ to _____
 _____ from _____ to _____
 _____ from _____ to _____

Location: _____

Event type: check all that apply

Festival	<input type="checkbox"/>	Run/Walk	<input type="checkbox"/>
Concert	<input type="checkbox"/>	Boating/Swim	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		

Event Description: _____

Estimated number of participants & spectators: _____ Will alcohol be served? _____

Organizer: _____ Event Contact: _____

Address: _____ Cell Phone: _____

Phone: _____ email: _____

Billing Address: _____ Where is event advertised?

Site set up maps; run/walk route maps; road closure plans to be provided with application

I understand that I am responsible for payment upon receipt of invoice and that the total cost will include 1/2 hour before and after time on site for BEMS personnel to report to duty, obtain, and return vehicle(s) and equipment. I further understand and agree that I may incur additional cost if the event runs longer than scheduled or attendance exceeds estimates stated above. I understand that BEMS has complete and total discretion to cancel this permit at any time if BEMS determines, based upon consideration of safety and security, that such action is in the best interests of the public. I hereby release the Boston Public Health Commission and BEMS ("Releasees") from any and all liability, claims, known or unknown, arising out of the Releasees participation in the event covered by this permit. I also hereby promise to indemnify and defend the Boston Public Health Commission and BEMS from any all and claims or lawsuits brought against BPHC or BEMS by any third party arising out of or related to the negligence of myself or any of the employees or agents of the entity obtaining this permit. The information I have provided is truthful and accurate.

Signature

Date

Boston EMS Use Only

Services:	Personnel	Unit Price	Time on site	*Hours	Cost
Basic Life Support Squad Unit	1 EMT	\$65			
Basic Life Support Ambulance	2 EMTs	\$125			
Bicycle Defibrillator Team	2 EMTs	\$105			
Advanced Life Support Ambulance	2 Paramedics	\$150			
Medical Station	1 PMED & 2 EMTs	\$200			
Proceed-Out Team	1 PMED & 1 EMT	\$95			
Proceed-Out Team w/Gator	1 PMED & 1 EMT	\$115			
Harbor Unit	1 EMT	\$75			
Special Operations Support Unit	1 Spec. Ops. EMT	\$100			
Special Operations Supervisor	1 Spec. Ops Capt.	\$75			
Additional EMT / EMCO	1 EMT or EMCO	\$55			
Additional Paramedic	1 PMED	\$60			
Shift Commander	1 Deputy Supt.	\$90			
<i>*Total hours to include 1/2 before and after time on site for personnel to report to duty, obtain, and return vehicle(s) and equipment.</i>					Total

Signature of Boston EMS Representative

Title

Date

Special Considerations:
